

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         | MW       |        | 10-17    |
| O.I.P.E. CLASSIFIER       |          |        |          |
| FORMALITY REVIEW          | W        | 618    | 11/15/4  |
| RESPONSE FORMALITY REVIEW | M.D.     | 625    | 12-31-01 |

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

| Claim          | Date |
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| Claim          | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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JCS  
 12/3/01